nts and Disbursements Repo

U.S. Department of Lahman

Page 1 of 8



Office of Labor-Management Standards Washington, D.C. 20210 (Feb. 1986) Required of Persons, Including Labor Relations
Consultants and Other Individuals and Organizations,
Under Section 203(b) of the Labor-Management
Reporting and Disclosure Act of 1959, As Amended (LMRDA)

Form Approved. — OMB No. 1214-0001 Expires: 12/31/86

		A.—P	ERSON FILING						
1. NAME AND ADDRESS (Include ZIP cod	de)		2. ANY OTHER ADD	DRESS	WHERE REC	ORDS	NECESSA	RY	
nbelt Organization S		s. Inc.	TO VERIFY THIS	REPORT	ARE KEPT:				
11 East Pinnacle Pea									
ottsdale, Arizona		, 1120,							
ottsdate, Alizona	03233		3. FILE NO.	4	. PERIOD		Month	Day	Year
			3. FILE NO. 0322		COVERED BY THIS	From:	1	1	2001
					REPORT	To:	12	31	2001
	ice or services.		connection with labor rel	lations a	6. TERM			of the pu	
Delcard Associates,			v Drive.		1 12	-20-	0.0	\$],	958.0
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Leola, PA 17603					1	<u> </u>		1	
Coffee Associates, 1	78 Old	River F	Road,		3-	7-01		16,	303.2
Edgewater, NJ 07020									
, , , , , , , , , , , , , , , , , , , ,									
Wholesale Builders S	upplv.	Inc., 2	00 First Str	ceet	, 2-	10-0	1	17.	973.3
Carnegie, PA 15106	111111								
20110910711					CONT	INUE	D ON	PAG	E 2
					TOTAL			\$	-
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U.S. Department of Lahra Page 2 of 8



Office of Labor-Management Standar Washington, D.C. 20210 (Feb. 1986)	rds	Consultant Under Sex	of Persons, Including Labor ts and Other Individuals and ction 203(b) of the Labor-Ma and Disclosure Act of 1959	Organizations, nagement	No. Exp	m Appro . 1214-00 pires: 12/3	
			ON FILING	,			
n. NAME AND ADDRESS (Include Z unbelt Organization 711 East Pinnacle cottsdale, Arizona	on Services, 1 Peak Road, #2		2. ANY OTHER ADDRESS TO VERIFY THIS REPO	WHERE RECORDS RT ARE KEPT:	NECESSA	ARY	
,			3. FILE NO.	4. PERIOD COVERED	Month	Day	Year
			0322	BY THIS From: REPORT To:	10	31	2001
B.—STATEMENT OF RECEIPTS. Re	eport all receipts from emplo e advice or services.	oyers in co	nnection with labor relations	advice or services re	gardless	of the pu	rposes of
S. NAME AND ADDRESS OF EMPLO		· .		6. TERMINATIO		7. AM	
Dixon-Shane Drug (Philadelphia, PA	Company, 256 (19115	Geige	Road,	3-16-0	1	\$19,	827.1
	1/1 / 755: 1			2.36.0	-	20	200 5
Naste Management, 22650 Stevenson, (d/b/a Efficie Clinton Townsh			3-16-0	1	30,	022.74
Catelli Brothers,		reet,		4-6-01		24,2	297.3
Shrewsbury, NJ 07	7702						
likko Ceramics Inc Secaucus, NJ 0709		eaviev	v Drive,	4-16-0	1	9,2	263.7
ecaucus, No 0703	74			CONTINUE	D ON	PAGI	Ξ 3
				TOTAL		8	
			12. Loans 13. Other	Made Disbursements			
	nd employees:	3		Disbursements (Sum of Items	-13).	\$	
D.—SCHEDULE FOR STATEMENT OF 15. EMPLOYER		this Smed instructions		ents made for the pur	poses des	cribed in	Part D of
			s				
					19 3	80 E	
					S A	(b)	
					, ior		
		TOTAL				/	
	IF MORE SPACE I		ATTACH ADDITIONAL SHE	ETS	/		
E.—VERIFICATION AND SIGNATURE information in this report, including							
kyowledge and belief, true, correct, SIGNED:		RESIDENT	SIGNED:			, TRI	ASURER
at: on:	(If other cross ou write in title abo	t and correct	at: City State	h: Date		(If other cross our write in title above	title, t and correct
							LM-21 v. 2/86)

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LM-21 (Rev. 2/86)

Office of Labor-Management Washington, D.C. 20210 (Feb. 1986)	Standards	Consultant Under Sec	ction 203(b) of	dividuals and the Labor-Ma	Organizations,	No. Exp	m Appro 1214-00 pires: 12/3	
		A.—PERS	ON FILING					
	ation Services, cle Peak Road,		2. ANY OTHE TO VERIFY	R ADDRESS	WHERE RECORDS RT ARE KEPT:	NECESSA	RY	
			3. FILE NO.	22	4. PERIOD COVERED BY THIS From: REPORT To:	7.7	1 31	2001 2001
.—STATEMENT OF RECEIP	FS. Report all receipts from e the advice or services.	employers in cor	nnection with I	abor relations	advice or services re	gardless o	of the pu	rposes of
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ew Haven, CT	06512				Pre-peti	tion		
	ard & Packaging, P.O.Box 493,				4-20-0)1	34,0	000.
JM Studios of ock Tavern, N	New York, Inc. Y 12575	., 453 S	State Ro	oute 17	7K, 5-9-01		10,8	310.2
xcel Transfer	Corp., 876 Nor	rth Lenc	la Road	,	5-9-01		Oper	1
dice obj noon	SECONITY IVO				CONTINUE	D ON	PAGI	E 4
					TOTAL		\$	
Total Disbursements to	cers and employees:	\$	/	12. Loans 13. Other	or Professional Servi Made	/	_	
.—SCHEDULE FOR STATEM	MENT OF DISBURSEMENTS.	the instructions			(Sum of items ents made for the pur IRPOSE		cribed in	Part D o
				1		OT.	USDA	
						18 W	A S	/
							/	
-/-	IF MODE SPA	TOTAL S	<u></u>	70000 605		/		
VEXIFICATION AND SIGN information in this report, inc	NATURE. The person in item 1	abov and each	h of his unders	igned authoria	zed officers declared,	under pena nim and is,	alty of law	r, that al
SIGNED;	/(11	., PRESIDENT other title, as out and	SIGNED:	•	_/_		, TRE	
City State		te in correct e above.)	at: City	State	Date		write in title abo	correct

U.S. Department of Labor Page 5 of 8



LM-21 (Rev. 2/86)

Washington, D.C. 20210 Feb. 1986)	andards	Consultan Under Se	of Persons, Including Lab and Other Individuals a action 203(b) of the Labor- and Disclosure Act of 198	nd Organizations, Management	No. Exp	n Approve 1214-0001 ires: 12/31	
		A.—PERS	SON FILING				
. NAME AND ADDRESS (Inclu	ude ZIP code)		2. ANY OTHER ADDRE	SS WHERE RECORDS	NECESSA	RY	
nbelt Organiza							
ll East Pinnac		#287					
ottsdale, Ariz	ona 85255			T			
•			3. FILE NO.	4. PERIOD COVERED	Month	-	Year
			0322	BY THIS From:	7.0		2001
			1	REPORT To:	1		2001
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w York Mutual				8-3-01	-		14.49
oad, Moonachie	, NJ 07074 (Covers	1st petition	& addendum	ior	2nd p	<u>eti</u> ti
eanlelin Logist	ina Ina /Cm	i + b m	227	7 0 16 0	,	43 5	
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cand Central Sa				7-31-0	1	9,6	<u>56.</u> 77
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				CONTINUE	D ON	S	6
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	(b) Sality (c)		10 Pub 11. Fees 12. Loan	for Professional Service		•	
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